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## DECLARATION, POWER OF ATTORNEY AND POWER TO INSPECT

As a below named inventor, I hereby declare:

that my residence, post office address and citizenship are as stated below wext to my name:

district processing and the comment of the comment	
that I verily believe I am the original, first and sal inventors are named below) of the invention entitled: NO METHODS OF USE THEREOP	le inventor (if only one tiame is listed below) or an original, first and joint inventor (if pland OVEL CENE THAT IS AMPLIPIED AND OVEREXPRESSED IN CANCER AND
the specification of which [check one(s) applicable]  X was filed March 26, 1929 as International Application No.  is base	oplication No. <u>PCT/US99/05633</u> , on which U.S. Patent d.
and was amended by Amendment filed	(if applicable); [tr];
is attached to this Doelaration, Power of Attempty that I have reviewed and understand the contents referred to above; and that I acknowledge my duty to disciple 56 (a) [37 C.F.R. §1.56(a)].	and Power to Inspect; of the above-identified specification, including the claims, as amended by any amondment dose information which is material to the examination of this application in accordance wit
CLAIM UNDER 35 USG §119(e): I hereby dial the below:	benefit under 35 USC §119(e) of any United States provisional applications listed
<u>Provisional Application No.</u>	Eiling Date DaviMontear
60/079,649	27 March 1996
POWER OF ATTORNEY: At inventor, I hereby appoint DANN, DORFMAN, HEBRELL AND SKILLMAN, P.C. of Philadelphia, P.A. and the following individual(s) as my attorneys or agents with full power of substitution to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith: Kathleen D. Rigant, Ph.D., J.D. Reg. No. 43,047 and Patrick J. Hagan, Req. No. 27,643	
POWER TO INSPECT: I hereby give DANN, DORPMAN, MERRELL AND SKILLMAN, P.C. of Philadelphia, PA or its duly accredited representatives power to inspect and obtain copies of the papers on file relating to this application.	
SEND CORRESPONDENCE TO: CUSTOMER NUMBER 000110.	
DIRECT INQUIRIES TO: Telephone: (215) 563-4300  ** Factimile: (215) 563-4844	
I haveby declare that all scauments made herein of my own knowledge are this and that all resuments made on information and belief one believed to be true; and further that those scatements were made with the knowledge that willful false seatements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United Scates Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.	
SOLE OR FIRST JOINT INVENTOR	SECOND JOINT INVENTOR (IF ANY)
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Signature	Signature ### AMA A
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